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AUTHOR Alvarado, Rose; Kumpfer, Karol L.
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ABSTRACT

This bulletin summarizes the results of a training and technology transfer program focussing on strengthening families for the prevention of delinquency. A national search was conducted for representative family strengthening programs, and through a process that involved national conferences, regional training sessions, and technical assistance, 25 programs were selected as examples of family strengthening efforts. The programs fell into three broad types: behavioral parent training, family therapy interventions, and family skills training. The review of program activities suggests that there is no one best way to conduct a family intervention program, but some principles for program effectiveness were identified. These center on tailoring the program to the needs of people served, with culturally aware and developmentally appropriate interventions. Research shows that family strengthening programs can curb crime and delinquency, and that to be maximally effective, delinquency prevention programs must start as early as possible. (Contains 155 references.) (SLD)

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Effective Family Strengthening Interventions
Juvenile Justice Bulletin. Family Strengthening Series

By Karol L. Kumpfer and Rose Alvarado

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U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention

Effective Family Strengthening Interventions

Karol L. Kumpfer, Ph.D. and Rose Alvarado, Ph.D.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is dedicated to reversing trends of increased delinquency and violence among adolescents. These trends have alarmed the public during the past decade and challenged the juvenile justice system. In 1996, the Federal Bureau of Investigation reported that of all arrests, 19 percent—2.9 million—were juvenile arrests. It is widely accepted that increases in delinquency and violence over the past decade are rooted in a number of interrelated social problems—child abuse and neglect, alcohol and drug abuse, youth conflict and aggression, and early sexual involvement—that may originate within the family structure. The core principle of OJJDP's prevention strategy is to strengthen the family as a unit and provide resources to families and communities. This Bulletin, the first in OJJDP's Family Strengthening Series, focuses on the Office's Strengthening America's Families Initiative and covers such topics as the effectiveness of family intervention programs, behavioral parent training, family therapy, and family skills training. Subsequent Bulletins will examine specific methods for improving family structure and reducing delinquency and will highlight successful programs and current research.

Delinquency, alcohol and drug abuse, youth violence, gangs, early sexual involvement, and other problem behaviors in youth are causes for grave concern in this country. According to the Federal Bureau of Investigation (FBI), an estimated 2.9 million juveniles were arrested in 1996, accounting for 19 percent of all arrests. Although there was an encouraging 6-percent decline in juvenile arrests for Violent Crime Index offenses, the juvenile arrest rate for these offenses was still 60 percent higher than the 1987 level (Snyder, 1997). Additionally, in 1995, more than 1.7 million delinquency cases were processed in juvenile courts in the United States, representing a 7-percent increase in cases since 1994 (Sickmund, 1997). Although less than one-half of 1 percent of all juveniles are arrested, aggressive and defiant behavior predictive of later delinquency is increasing among our youngest children (Campbell, 1990; Webster-Stratton, 1991). Substance abuse is a significant factor in youth violence and delinquent behavior. More than one-third of all arrests in the United States are related to drug and alcohol use. In 1995, 13 percent of these arrests involved juveniles; between 1991 and 1995, juvenile arrests for drug abuse violations increased 138 percent (Bellamy et al., 1997). The Monitoring the Future study reveals a leveling off of drug use among American youth in 1997 following the steady increases found throughout the 1990's (Johnston, O'Malley, and Bachman, 1997). Although marijuana use among older teens continues to rise slightly,

From the Administrator

As we work to improve our juvenile justice system, we should never forget that behind the numbers there are children—children who need love and nurturing to become caring and productive adults. Let us also recall that each of us was once a child, whose healthy development depended on our ability to trust our environment, in particular, our first environment—our family.

As the Federal agency charged with the responsibility of preventing juvenile delinquency and protecting children from abuse and neglect, OJJDP is committed to helping children and their families. Indeed, working to strengthen families is the linchpin in our delinquency prevention strategy.

That is why I am especially pleased to announce OJJDP's newest publication series, the Family Strengthening Series. This inaugural Bulletin, *Effective Family Strengthening Interventions*, will inform you of the latest research detailing the crucial role played by the family and will describe OJJDP's Strengthening America's Families initiative.

After reading these pages, you will better understand the need for this type of prevention program and the principles of effective family strengthening interventions. Such interventions can reduce delinquency and child abuse. Better yet, they can help ensure that a child's first environment is one that will contribute to the bright future we wish for every child.

Shay Bilchik
Administrator

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use among younger teens is beginning to abate.

The increasing levels of aggression and defiant behavior in very young children mean that without prevention efforts, even higher percentages of juveniles are likely to become violent juvenile offenders. Many citizens blame the weakening of the American family for these increases. Although research supports the popular opinion that negative influence from law-violating peers is a major source of problem behaviors (Kumpfer and Turner, 1990/1991), parents can have a positive influence, even on adolescents (Resnick et al., 1997). Programs must acknowledge that almost all families have strengths and must build on these strengths, rather than devote time only to what troubles children, their families, and the communities in which they live. Programs also must recognize that children do not exist in a separate microcosm; focusing on the child alone ignores an entire support system already in place (Levine, 1997). For these reasons, strengthening the ability of families to raise children to be law-abiding and productive citizens should be a critical public policy issue in the United States.

Focus on the Family

The delinquency and violence that plague society have roots in a host of interrelated social problems—a rising tide of substance abuse, child abuse and neglect, family violence, transience (absence of community ties), gun availability, gangs, uneducated and undereducated children and youth, teen parents, latchkey children, poor parenting—and a corresponding decline in resources, opportunities, and support (Office of Juvenile Justice and Delinquency Prevention, 1995). Many of these social problems are intimately connected to the weakening of the family's care for children. Because more children are being raised in stressed families, child abuse and neglect are increasing dramatically (Kelley, Thornberry, and Smith, 1997; Kumpfer and Bayes, 1995). A clear link has been established between witnessing and experiencing family conflict and violence and later violent delinquent acts, poor school performance, poor mental health, and increased teen pregnancy (Thornberry et al., 1994). Personal victimization, hopelessness, and depression are also associated with later violent behavior in youth (DuRant et al., 1994). The family has the primary responsibility to instill moral values and provide guidance

and support for children. When the family does not fulfill this responsibility, communities must take responsibility for ensuring that the family is supported in ways that improve its care of children.

Results of Etiological Studies

Three developmental pathways to delinquency have been reported in longitudinal studies of delinquency: (1) the early authority conflict pathway begins with stubborn behavior, then becomes defiant behavior, and develops into avoidance of authority figures (e.g., truancy, running away, staying out late); (2) the covert pathway begins with minor covert behaviors (e.g., shoplifting, frequent lying, stealing) and moves on to damaging property and later delinquent acts (e.g., fraud, theft, burglary); and (3) the overt pathway begins with minor aggression (e.g., bullying, teasing) and leads to physical fighting and later violent acts (e.g., physical attack, rape, assault, and battery) (Huizinga, Loeber, and Thornberry, 1995; Kelley et al., 1997). Youth on more than one pathway self-report more crimes. Poor family attachment and poor parenting behavior were found to have an impact on these developmental pathways to delinquency. Higher levels of delinquency and drug use were associated with both family risk factors.

Patterson and Joerger (1993) posited that two groups of youth are involved in delinquent behaviors: the early starters who individually follow a pathway to delinquency and the late starters who are more influenced by peers. Although increased problem behaviors in youth are correlated with their decreased disapproval of violent, aggressive, or delinquent acts, research studies suggest that parents can have an early influence (Kumpfer and Turner, 1990/1991). While many tested theories of problem behaviors (Newcomb, 1992, 1995; Oetting, 1992; Oetting and Beauvais, 1987) found that peer influence is a major reason to initiate drug use or delinquency, parental disapproval has also been shown to be a major reason not to engage in delinquent acts or to use drugs (Coombs, Paulson, and Richardson, 1991). Family variables are a consistently strong predictor of antisocial and delinquent behaviors.[1] According to Bry and colleagues (in press): "The critical role of family factors is acknowledged in virtually every psychological theory of substance abuse."[2]

Parental support has been found to be one of the most powerful predictors of reduced delinquency and drug use in minority youth (King et al., 1992). Also, increased parental supervision is a major mediator of peer influence (Dishion, French, and Patterson, 1995; Hansen et al., 1987). Models developed to finely test the aspects of family dynamics related to youth problem behaviors (antisocial behavior, substance abuse, high-risk sex, and academic failure) find that family conflict associated with reduced family involvement significantly predicts inadequate parental supervision and associations with deviant peers. While the model just described includes mediating variables, Ary and colleagues (in press) found direct paths from inadequate parental supervision and peer deviance to problem behaviors. These etiological research studies suggest parenting and family interventions that decrease family conflict and improve family involvement and parental monitoring should reduce problem behaviors (Mayer, 1995).

[1] See Loeber and Stouthamer-Loeber (1986); McCord (1991); Tolan and Loeber (1993); Tolan, Guerra, and Kendall (1995a, 1995b).

[2] Such theories can be found in Brook and colleagues (1990); Bry (1983); Catalano and Hawkins (1996); Dembo and colleagues (1979); Dishion, Reid, and Patterson (1988); Elliot, Huizinga, and Menard (1989); Hawkins and colleagues (1992); Jessor (1993); Kandel and Davies (1992); Kaplan and Johnson (1992); Kellam and colleagues (1983); Kumpfer (1987); Newcomb and Bentler (1989); and Wills, Vaccaro, and McNamara (1992).

Family Protective and Resilience Factors

The likelihood of a youth developing problems increases rapidly as the number of risk factors increases in comparison with the number of protective factors (Dunst and Trivette, 1994; Rutter, 1990, 1993). The goal of family-focused prevention programs should be not only to decrease risk factors, but also to increase ongoing family protective mechanisms. According to Bry and colleagues (in press) and many other researchers, the five major types of family protective factors are:

- Supportive parent-child relationships.
- Positive discipline methods.
- Monitoring and supervision.
- Families who advocate for their children.
- Parents who seek information and support.

A longitudinal study of urban delinquency, which was funded through OJJDP's Program of Research on the Causes and Correlates of Delinquency with supplemental funding through the National Institute on Drug Abuse (NIDA) (Huizinga, Loeber, and Thornberry, 1995), found that parental supervision, attachment to parents, and consistency of discipline are the most important family protective factors in promoting resilience to delinquency in high-risk youth.

Resilience researchers (Kumpfer and Bluth, in press; Luthar, 1993; Werner, 1986) and those researchers focusing on family strengths (Dunst and Trivett, 1994; Gary, 1996) also specified similar family protective mechanisms. The characteristics of strong resilient African-American families have been found to be a "strong economic base, a strong achievement orientation, adaptability of family roles, spirituality, strong kinship bonds, racial pride, display of respect and acceptance, resourcefulness, community involvement, and family unity" (Gary et al., 1983:11). The challenge to family intervention researchers is to develop and test interventions that effectively address such a broad range of family protective factors.

Although some vocal skeptics say nothing works in prevention, the research literature contains examples of many effective programs,[3] including family interventions for the prevention of delinquency and drug abuse.[4] Many family intervention researchers believe that improving parenting practices is the most effective strategy for reducing delinquency and associated problem behaviors (Bry et al., 1991; Szapocznik et al., 1988).

The Strengthening America's Families Initiative

This Bulletin summarizes the results of an OJJDP-funded training and technology transfer program that focuses on strengthening families for the prevention of delinquency. According to OJJDP Administrator Shay Bilchik: "Working to strengthen families is a linchpin in OJJDP's overall delinquency prevention strategy" (Office of Juvenile Justice and Delinquency Prevention, 1995). Although many effective programs have been developed, few of the researchers and practitioners who developed them have had the time to disseminate the results effectively. The compilation and dissemination of these program results are paramount (University of Utah, Department of Health Education, 1997).

Through a 1987 cooperative agreement with OJJDP, Dr. Kumpfer and her associates at the University of Utah conducted a national search for effective family strengthening programs. During that search, 25 programs were selected from the more than 500 that had been nominated. An OJJDP publication was developed to highlight these 25 programs (Kumpfer, 1993). The project culminated in a national conference held in Salt Lake City, UT, in December 1991. Through an additional cooperative agreement with OJJDP, awarded in 1995, Dr. Kumpfer and her associates continued work begun in 1987 to disseminate information on model family approaches through a four-phase technology transfer process:

- **Phase 1: National search, literature review, dissemination through the Web.** This effort included a national search for programs focusing on children (at all ages) and families with a range of problems. After the programs were scored on content, dissemination capability, and outcome results, the top programs in each category were selected from the more than 126 nominated programs by a national review panel of family research experts. This search identified 11 exemplary family programs, 14 model programs, and 9 promising programs for a total of 34 top programs (see table 1, p. 4) matrixed by age and level of prevention programming (see table 2, p. 5): universal (general population), selective (high-risk population), and indicated (in-crisis population) prevention (Gordon, 1987; Mrazek and Haggerty, 1994). One-page descriptions of each program were created for the project's Web site: medstat.med.utah.edu/healthed/ojjdp.htm.
- **Phase 2: Two national conferences.** Strengthening America's Families conferences were held in Snowbird, UT, in October 1996 and in Washington, D.C., in March 1997. More than 600 people attended the two national conferences, which showcased the 34 programs found useful for reducing risks for delinquency in many different ethnic and cultural groups.
- **Phase 3: Regional training of trainers.** Ten 2- to 3-day workshops were held for the eight most popular parenting and family programs. The programs selected were identified by national conference attendees as the prevention programs they wished to be trained in and to implement locally. The workshops were free and stipends were offered for training workshops for an additional 11 programs.
- **Phase 4: Technical assistance and publications.** During phase 4, currently in progress, technical assistance is being offered to agencies implementing the programs for which regional training was held and for which stipends were offered. Process and outcome evaluations also will be conducted for a limited number of agencies, which receive minigrants to promote high-quality program implementation. In addition, OJJDP has begun this Bulletin series to periodically publish the history, program content, format, and results of these promising family programs.

The Need for Effective Prevention Programs

A number of research-based prevention programs, already tested by prevention scientists, showed reductions in behavioral

[3] See Falco (1992); Kumpfer (1997); National Institute on Drug Abuse (1997); Office of Juvenile Justice and Delinquency Prevention (1995); Tobler and Stratton (1997); Wright and Wright (1995).

[4] See Bry et al. (in press); Kumpfer (1993, 1997); Kumpfer and Alvarado (1995); Kumpfer et al. (in press).

problems and delinquency in youth. If these proven solutions are not disseminated and implemented soon, a substantial number of youth currently being raised in high-risk family situations will face dire academic, social, and economic consequences because of their antisocial behavior.

The national search discussed earlier also found growing evidence that the effectiveness of many of the most popular and well-disseminated programs has not yet been demonstrated. According to Taylor and Biglan (1998), "Parenting books and parenting programs have become a multimillion dollar business, and most books and programs are sold without careful evaluation of their effectiveness." The most marketed family and parenting programs may even be counterproductive (Norman and Turner, 1993; Taylor and Biglan, 1998). A number of popular parenting programs, such as Parent Effectiveness Training (P.E.T.) (Gordon, 1970) and Systematic Training for Effective Parenting (S.T.E.P.) (Dinkmeyer and McKay, 1976), were disseminated widely before being evaluated.

If widely adopted parenting or family programs are later proved ineffective, garnering support to implement more effective interventions could become difficult. Support may come from entities such as States, counties, courts, family service agencies, insurers, or healthcare providers. In general, the search found that parent education or parent support approaches were considerably less effective than highly structured approaches, such as behavioral parent training, family skills training, family therapy, or comprehensive family support programs. Each approach is described in greater detail in this Bulletin. According to Norman and Turner (1993), potentially counterproductive approaches include interventions based on information-only models and a few of the alternative activities that involve youth with adults or with peers who have antisocial norms (Swisher and Hu, 1983). Prevention programs that aggregate high-risk youth in youth-only groups without experienced adult leadership also have been discovered to produce negative effects (Dishion and Andrews, 1995). Additionally, using child-centered psychodynamic interventions only, rather than structural family interventions, can result in a deterioration of family functioning (Szapocznik, Rio, et al., 1989). According to Szapocznik (1996), interventions that do not work with the total family have the potential to weaken the family and lead to increased delinquency and drug use.[5] Because child-only interventions, so popular in prevention, have the potential to produce iatrogenic effects (changes induced as a result of therapy) on family protective factors, more experts in the field are calling for family-focused prevention interventions.

Table 1: Top Programs

Name	Type
Exemplary Programs	
Functional Family Therapy	Family therapy
Helping the Noncompliant Child	Parent training
Iowa Strengthening Families Program for Families With Pre and Early Teens	Family skills training
Multisystemic Therapy Program	Comprehensive
Parents and Children Training Series	Comprehensive
Prenatal and Early Childhood Nurse Home Visitation Program	Family in-home support
Preparing for the Drug Free Years	Parent training
Raising a Thinking Child: I Can Problem Solve Program	Parent training
Strengthening Families Program	Family skills training
Structural Family Therapy	Family therapy
Treatment Foster Care	Parent training
Model Programs	
Center for Development, Education, and Nutrition (CEDEN) Healthy and Fair Start Program	Family in-home support
Effective Black Parenting Program	Parent training
Families and Schools Together (FAST)	Comprehensive
Focus on Families	Parent training
Healthy Families Indiana	Comprehensive
Home Instruction Program for Preschool Youngsters (HIPPY)	Family in-home support
Home-Based Behavioral Systems Family Therapy	Family therapy
HOMEBUILDERS	Comprehensive
MELD	Parent training
Nurturing Parenting Program	Family skills training
Parents Anonymous	Comprehensive
Parent Project	Parent training
Parenting Adolescents Wisely	Parent training
Strengthening Hawaii Families	Family skills training
Promising Programs	
Bethesda Day Treatment	Comprehensive
Birth to Three	Parent training
Families in Focus	Family skills training
Family Support Program	Parent training
First Steps	Family in-home support
Health Start Partnership	Comprehensive
Home Base Program	Comprehensive
Project SEEK (Services to Enable and Empower Kids)	Comprehensive
Strengthening Multi-Ethnic Families and Communities	Parent training

[5] This point also was repeated at J. Szapocznik's Cultural Competency and Family Program Implementation plenary session, which was presented at the Third National Training Conference on Strengthening America's Families, Washington, D.C., March 23–25, 1997.

The Search for Effective Family Interventions

Many different types of family strengthening activities exist, and they are as

Table 2: Strengthening America's Families Program Matrix

	Levels of Prevention Programming		
Age	**Universal (general population)**	**Selective (high-risk population)**	**Indicated (in-crisis population)**
0–5	Birth to Three Eugene, OR First Steps Canon City, CO HIPPY New York, NY MELD Minneapolis, MN	Health Start Partnership St. Paul, MN Healthy Families Indiana Indianapolis, IN Raising a Thinking Child: I Can Problem Solve Program Philadelphia, PA	CEDEN Healthy and Fair Start Program Austin, TX Prenatal and Early Childhood Nurse Home Visitation Program Denver, CO
6–10	Preparing for the Drug Free Years Seattle, WA	Parents and Children Training Series Seattle, WA Strengthening Families Program Salt Lake City, UT Strengthening Hawaii Families Honolulu, HI	Focus on Families Seattle, WA Helping the Noncompliant Child Seattle, WA
11–18	Iowa Strengthening Families Program for Families With Pre and Early Teens Ames, IA	Families in Focus Salt Lake City, UT Family Support Program Rocky Mount, VA FAST Madison, WI	Functional Family Therapy Salt Lake City, UT Home-Based Behavioral Systems Family Therapy Athens, OH Multisystemic Therapy Program Charleston, SC Structural Family Therapy Miami, FL Treatment Foster Care Eugene, OR
0–18	Parents Anonymous Compton, CA Parent Project Round Lake, IL	Effective Black Parenting Studio City, CA Nurturing Parenting Program Park City, UT Strengthening Multi-Ethnic Families and Communities Los Angeles, CA	Bethesda Day Treatment Milton, PA Home Base Program Huntington, NY HOMEBUILDERS Federal Way, WA Parenting Adolescents Wisely Athens, OH Project SEEK Flint, MI

diverse as the families they serve. They vary from highly focused programs with written curriculums to open-ended parent support groups.

Based on the extensive national search for promising programs, it can be concluded that there are a number of effective family-focused prevention strategies for a variety of targeted family needs and a variety of family types (e.g., biological families, foster families, adoptive families, single-parent families, ethnic families, families with criminally involved members, families in which the parents are physically or sexually abusive or abuse drugs, working families, rural families, or inner-city families).

There is considerable empirical support in the research literature for the

effectiveness of family interventions (Alexander, Holtzworth-Munroe, and Jameson, 1994; Liddle and Dakof, in press; Szapocznik, 1996). These parenting and family-strengthening strategies are effective in preventing delinquency, teenage pregnancy, academic failure, substance use, and arrest (Gordon et al., 1988). Etiological research (Ary et al., in press) suggests common family and peer influence factors for all of these problem behaviors; hence, it is not unexpected that family interventions effective in improving family relations, parental monitoring and supervision, and parent-child attachment should make an impact.

These findings also suggest that there are no simple short-term solutions. The most effective prevention approaches involve complex and multicomponent programs that address early precursors of problem behaviors in youth. The most effective approaches often are those that change the family, school, or community environment in long-lasting and positive ways. Skills training programs are more effective than didactic, lecture-style programs (Tobler and Stratton, 1997). Information alone has not been found to have an impact on behavior unless combined with discussion time, experiential practice, role-playing, and homework to solidify behavioral changes.

Additional findings show that comprehensive family programs that combine social skills and life skills training in youth to improve social and academic competencies with parent skills training programs to improve supervision and nurturance have a greater impact on a broader range of family risk and protective factors (Kumpfer, 1996a) than programs that ignore context and work only with youth. These programs have been found, in some cases, to damage family relationships (Szapocznik, Rio, et al., 1989). Such programs often bring high-risk youth together and can have negative contagion effects unless skillful adult leaders are employed to control group norms and acting-out behaviors (Dishion and Andrews, 1995).[4]

Three Effective Program Types

To enhance substance abuse prevention efforts nationwide, the Center for Substance Abuse Prevention (CSAP) developed Prevention Enhancement Protocol Systems (PEPS) in 1992. PEPS was designed to identify current research, synthesize findings, develop recommendations for practitioners and others in the field, and compile the information into a manual for dissemination. A search of the literature was conducted by the national PEPS expert panel, cochaired by Jose Szapocznik, Ph.D., from the University of Miami and Karol Kumpfer, Ph.D., on family centered approaches to prevent substance abuse. The panel found only three family approaches that appear to meet the criteria of the Agency for Health Care Policy and Research for a "strong level of evidence of effectiveness" (Depression Guideline Panel, 1993). The three family intervention strategies effective in reducing risk factors and increasing protective factors are behavioral parent training, family therapy, and family skills training or behavioral family therapy. Interventions for which there is insufficient evidence of effectiveness for school-aged youth (5 years and up) at this time include parent education characterized by didactic, knowledge-only approaches and affect-based parent training (Substance Abuse and Mental Health Services Administration, 1998). Although there is sufficient evidence of the effectiveness of family support programs in families with children ranging in age from infancy to 5 years (Yoshikawa, 1994), there does not appear to be evidence of similar effectiveness with older children at this time.

[3] Leona Eggert, personal communication, November 1996.

An analysis of family programs (Kumpfer, 1996b) revealed that outcomes differ by the type of family intervention approach (parent education, parent support, family preservation, behavioral parent training, family skills training, and family therapy). For instance, training in parenting skills often reduces negative behavioral problems by improving parental monitoring and supervision but only indirectly improves family relationships. Family interventions tend to have a more immediate and direct impact on improving family relations, support, and communications and on reducing family conflict. In-home family support and parent support programs help build a more supportive environment by enhancing the capacity of the family to access information, services, and social networks (Yoshikawa, 1994). In-home or office-based case management is effective in increasing the family's access to needed family services. Parent education programs are effective in improving parents' knowledge and awareness of parenting issues but do not necessarily change behaviors—the most important test of an effective program (Falco, 1992). Children's social skills training added to parenting and family programs improves children's prosocial skills (Kumpfer, Williams, and Baxley, 1997).

Behavioral Parent Training

This training stresses that parents use effective discipline techniques and ignore disruptive or coercive child behaviors. Many research studies demonstrate its effectiveness in reducing coercive child-parent interactions[7] and in improving parental monitoring.[8] If these programs are of sufficient length (45 hours for high-risk families), they are generally effective in reducing a child's conduct disorder (Kumpfer, 1996b). Examples of exemplary behavioral parent training programs that were selected for dissemination through OJJDP's Strengthening America's Families Initiative include Parents and Children Training Series (Webster-Stratton, 1981), a video-based parenting program[9];

[7] See Patterson, Reid, and Dishion (1992); Webster-Stratton (1981, 1982, 1990b); Webster-Stratton, Kolpacoff, and Hollinsworth (1988).

[8] See Dishion and Andrews (1995); Dishion, Kavanagh, and Kiesner (1996); Dishion et al. (1996).

[9] This was demonstrated at C. Webster-Stratton's Video-Based Parent Training Program, a workshop presented at the Second National Training Conference on Strengthening America's Families, Salt Lake City, UT, October 12–14, 1996.

Treatment Foster Care Program (Chamberlain, 1994; Chamberlain and Reid, 1991) for foster parents; and Helping the Noncompliant Child (Forehand and McMahon, 1981), a behavioral parent training program that includes time for parents to practice learned skills with their own children under trainer supervision.

Family Therapy Interventions

Family therapy interventions are used with families in which preteens or adolescents are already manifesting behavioral problems. Research has demonstrated that family therapy improves family communications, family control imbalances, and family relationships (Substance Abuse and Mental Health Services Administration, 1998). A number of family therapy programs were selected as exemplary family programs because of their effectiveness in reducing delinquency and drug use in preteens and adolescents. These programs include Functional Family Therapy (Alexander and Parsons, 1982), Structural Family Therapy (Szapocznik, Scopetta, and King, 1978), and Multisystemic Therapy (Borduin et al., 1994; Henggeler, 1997; Henggeler and Borduin, 1990).

Family Skills Training

Family skills training is currently gaining popularity. Approaches are frequently targeted to high-risk groups of children and families and are primarily classified as selective prevention programs. These multicomponent interventions include behavioral parent training, children's social skills training, and behavioral family therapy or role-playing with special coaching by the trainers (Kumpfer and Alvarado, 1995). According to an outcome analysis conducted by the author (Kumpfer, 1996a), family skills training appears to affect the largest number of measured family and youth risk and protective factors.

Examples of family skills training programs include Kumpfer's 14-session Strengthening Families Program (SFP) (Kumpfer, DeMarsh, and Child, 1989a, 1989b, 1989c, 1989d, 1989e), which has been effective with substance-abusing parents and ethnic parents; the 7-session Iowa Strengthening Families Program (Molgaard and Kumpfer, 1994), a universal family program based on resilience principles that is held in the school for preteens to early teens and their parents; the 33-session Focus on Families (Haggerty, Mills, and Catalano, 1991) for parents receiving methadone maintenance therapy and their children; the 14-session Nurturing Program (Bavolek, Comstock, and McLaughlin, 1983) for physically and sexually abusive parents; Families and Schools Together (FAST) (McDonald et al., 1991) for high-risk students in schools; and Family Effectiveness Training (FET) (Szapocznik et al., 1985) for Hispanic adolescents.[10]

One distinguishing feature of family skills training programs is that they provide structured activities that help to improve parent-child bonding or attachment (Bowlby, 1982). For example, parents are coached in special therapeutic play, such as "Child's Game," which has been found effective in improving parent-child attachment (Egeland and Erickson, 1987, 1990). Through observation, direct practice (with immediate feedback by trainers and videotape), and trainer and child reinforcement, parents learn how to improve positive play by following the child's lead and not correcting, bossing, criticizing, or directing.[11] Teaching parents therapeutic play has been found to improve parent-child attachment and improve child behavior in families with psychiatrically disturbed and behaviorally disordered children (Egeland and Erickson, 1990; Kumpfer, Molgaard, and Spoth, 1996). Therapeutic play may even help improve brain development. Nash (1997) found that infants who are rarely touched or played with develop brains that are 20- to 30-percent smaller than normal for their age. As found in prior SFP studies, these programs encourage family members to increase family unity and communication and reduce conflict.

Principles of Effective Family-Focused Interventions

Because these reviews suggest that there is no best family intervention program, providers in the field must carefully select the best program for their target population, and guidelines must be provided to help in this selection. Parenting and family interventions must be tailored to the developmental stage of the child and the types of risk factors in the families served. Many interventions ultimately fail to have a long-term impact on delinquency and drug use in special high-risk populations because the programs are not sufficient to address the large number of risk factors and inadequate number of protective factors that affect these children. NIDA (1997) has specified a number of principles for prevention that can be used to guide the selection process. The principles discussed in the following sections are useful in reviewing and selecting family programs for implementation.

Comprehensive Interventions

Comprehensive interventions attend to the entire range of developmental outcomes of the child (cognitive, behavioral, social, emotional, physical, and spiritual) through improvements in all environmental domains (society/culture, community/neighborhood, school, peer group, and family/extended family) and demonstrate positive developmental changes in youth. Research suggests that many programs are effective in the areas they target for changes in youth, parents, or families, but many have limited results because they are too narrowly focused (Kumpfer, 1996a).

Family-Focused Programs

Family-focused programs are more effective than programs that focus solely on the child or the parents. The first wave of child development interventions taught therapists, teachers, prevention specialists, and other youth workers to provide enrichment or therapeutic experiences for children of deficient parents. To maximize program length while reducing cost, the second wave focused on training the parent or caretaker to better nurture and care for the child. As the concept of comprehensive prevention or treatment interventions dealing with many different precursors emerged, interventions addressing the child, parents, and interactive family system became more popular. Research comparing the effectiveness of these three types of programs has found the combined approach of all three programs most effective when dealing with antisocial and prosocial behavior in young people (DeMarsh and Kumpfer, 1985). A

[10] For more extensive descriptions of these programs and the research literature, the reader is referred to other OJJDP publications on the Strengthening America's Families Initiative, such as Kumpfer (1993, 1994). These documents are available from the NCJRS clearinghouse or on the project's Web site: www-medlib.med.utah.edu/healthed/ojjdp.htm.

[11] These intervention strategies were developed by Kogan and Tyler (1978) and Forehand and McMahon (1981).

number of reviews of early childhood education programs also concluded that comprehensive, family-focused programs are the wave of the future and should be the primary target of future research (Mitchell, Weiss, and Schultz, 1993; Yoshikawa, 1994).

Long-Term Programs

Family programs should be long term; short-term interventions with families at high risk or in crisis are only bandages on family dysfunction. They do not result in functional changes within the family that allow long-term solutions rather than temporary reductions of the external symptoms. Although recruitment for long-term programs can be very difficult, once high-risk families are involved in a family intervention, they often do not want to stop participating.

Intensity of Programs

Sufficient program length and intensity are critical for effectiveness. The needier the family in terms of the number of risk factors or processes, the more time is needed to modify those dysfunctional processes. Time must be allotted for developing trust, determining the family's needs, providing or locating support services for basic needs, and comprehensively addressing deficit areas (Center for Substance Abuse Prevention, 1993). To produce longitudinal effectiveness, the family intervention must be of sufficient length (at least 45 hours for high-risk families). Kazdin (1987) estimated that at least 30 to 40 contact hours of family programs are needed for a positive and lasting impact, particularly because high-risk families frequently miss sessions and have difficulty implementing the newly learned skills at home (Kumpfer and Alvarado, 1995; Kumpfer and DeMarsh, 1985). Some parent and family programs fail to have much impact because they do not spend enough time on each skill or principle taught. Skills training interventions need to build on skills learned previously and require demonstration of those skills while new skills are being learned. Many parent education or training interventions fail with high-risk families because they are too short to really reduce risk-producing processes and behaviors and increase protective processes and behaviors in these parents. Short-term parent education programs are essentially for normal families. These programs stress that they must be short to attract parents to attend. Although this assumption may be true for busy working parents of children with few problems, it is not as true of high-risk or in-crisis families who want help.

Cultural Traditions

Tailoring the parent or family intervention to the cultural traditions of the families involved improves recruitment, retention, and outcome effectiveness (Kumpfer and Alvarado, 1995). Many ethnic groups believe in using physical punishment, chastising children frequently, and having extremely high expectations for their performance. Understanding why these parents hold these values and beliefs about children helps program developers and group leaders improve the program's effectiveness. For instance, interviews with Pacific Islander parents participating in the Utah Community Youth Activity Project revealed that parents believed that Pacific Islander children have "stronger blood" than white children and need physical punishment (Harrison, Proschauer, and Kumpfer, 1995). Interviews with African-American parents participating in the Detroit SFP Safehaven program revealed that they believed that their children must be more obedient because of the potentially lethal dangers of inner-city streets. Because of differences in cultural ideas and lack of understanding of the psychological principles underlying many parent education programs, many so-called high-risk or dysfunctional parents may actively reject the underlying assumptions of intervention efforts or merely take more time to really understand them.

Ethnic families want culturally relevant parenting and family programs developed specifically for their parenting issues, family needs, and values. Kazdin (1993) recommended finding culturally relevant principles to guide modifications of existing model programs rather than developing separate models for each ethnic group. Unfortunately, few existing model family programs (e.g., those developed and tested within NIDA and the National Institute of Mental Health (NIMH) clinical research trials aimed at preventing drug use and delinquency) have been modified for ethnic minorities to the extent of providing culturally appropriate training and parent-child handbooks, videotapes, films, or evaluation instruments translated into different languages. Research-based exceptions include Szapocznik's individual structural family therapy model (Szapocznik et al., 1990) and Family Effectiveness Training or the Bicultural Effectiveness Training Program (Szapocznik et al., 1986; Szapocznik, Santisteban, et al., 1989) for high-risk preadolescents and adolescents; Alvey's Confident Parenting Program for African-American and Hispanic Families (Alvy et al., 1980); and Kumpfer's Strengthening Families Program for rural and urban African-Americans, Hispanics, Asian-Americans, Pacific Islanders, English or French Canadian families, and Australian families (Kumpfer, Molgaard, and Spoth, 1996). In any case, cultural modifications need to be guided by an organized, culturally sensitive, theoretical framework (Ho, 1992).

Developmentally Appropriate Interventions

It is important to address developmentally appropriate risk and protective factors or processes at specific times of family need when participants are receptive to change. Tailoring the intervention to specific family needs can be done on an individual family assessment basis (L'Abate, 1977) or can be based on focus or research assessment data from similar families in the special population being addressed. Occasionally, a very short-term program can have a greater impact on some participants if the material covered exactly addresses a major need of the parent or child. In addition, research demonstrates that interventions are most effective if the participants are ready for change (Spoth and Redmond, 1996a,

1996b). Parents in the Iowa Strengthening Families Program were targeted for a family intervention when their children were in the sixth grade, because at this age even normally well-adjusted youth begin having problems with behavioral and emotional adjustments (Molgaard and Kumpfer, 1994). Parents are ready to participate and change because they already begin to see oppositional behavior. Outcome results suggest that the Iowa Strengthening Families Program was effective in reducing risk factors for drug use (Spoth, Redmond, and Shin, 1998).

Different types of parenting interventions appear to be developed with an eye on the cognitive and developmental competencies of children at different ages and on parenting tasks. For instance, in-home parent support and cognitive/language development exercises are most effective with children from birth to 3 years of age (Yoshikawa, 1994). Professional medical support, through home visits by a nurse, is most often used with high-risk families from the child's conception to age 3 (Olds and Pettitt, 1996). Behavioral parent training programs, family skills training programs, and behavioral family therapy (involving the parent and child in structured skills training activities) are most effective with children 3 to 12 years of age (Substance Abuse and Mental Health Services Administration, 1998). Family therapy or family skills training combined with behavioral parent training that stresses parental monitoring is most effective with early adolescents and adolescents (Kumpfer, 1996b).

Family Dynamics

Family programs that produce changes in ongoing family dynamics and environment are the most effective in the long term. Evidence suggests that programs that encourage families to hold weekly family meetings after the program ends are effective for the longest period because they change internal family organization and communication patterns (Catalano et al., 1996; Kumpfer, 1996b). Improving parenting skills produces ongoing intervention that is more effective over time than short-term interventions with children or adolescents only.[12] The effectiveness of family interventions decays gradually with time (Harrison and Proschauer, 1995) but probably can be strengthened with new developmentally appropriate booster sessions as recommended by Botvin (1995).

An Early Start

Trying to improve parenting in the families of problem junior or senior high school students is an uphill battle. If parents are very dysfunctional, interventions beginning early in the child's lifecycle (i.e., prenatally or in early childhood) are more effective. For every family program that has been implemented and evaluated, there is always the wish that for some children, the intervention had begun earlier. After the initial NIDA SFP clinical trials, the methadone maintenance clinic of Project Reality, an agency located in Salt Lake City, UT, that provides treatment and prevention services for a diverse population, began targeting pregnant drug-abusing women for interventions to improve parenting skills. Because pregnancy is generally a time when many women are willing to decrease drug use and sign up for parenting classes, many Federal and State programs for drug-abusing women, such as those offered by CSAP, the Center for Substance Abuse Treatment (CSAT), NIDA, and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), target pregnant women for recruitment and family interventions. Improved outcomes resulting from the availability of more services to this population have been documented, but long-term improvements have not yet been demonstrated (Rahdert, 1996).

Program Components

Effective parent and family programs address family relations, communication, and parental monitoring. Although research has shown that the final pathway to delinquency and drug use is through peer influence (Kumpfer and Turner, 1990/1991; Newcomb, 1995; Swaim et al., 1989), the family precursors are lack of parental monitoring moderated by parental caring and positive parent-child relationships (Ary et al., in press; Brook et al., 1984, 1990). Effective programs improve the parent-child relationship and then focus on family communication, parental monitoring, and discipline (Kumpfer, 1996b). The more effective training programs in behavioral skills are distinguished from parent education because they include a structured and sequenced training series in parenting skills. These skills are taught through role-playing exercises and practiced in the group or in homework assignments, resulting in increased success in the implementation of such skills.

Recruitment and Retention

Although many family intervention providers have a poor turnout for their first attempts at implementing programs, high rates of recruitment and retention are possible. An 80- to 85-percent retention rate is possible for most programs if transportation, meals or snacks, and childcare are provided (Aktan, 1995). The intervention should be located in a nonthreatening environment and provided by sensitive, trained, and caring professional staff. Recruitment rates will vary with program type, incentives, types of clients targeted, and time of day offered (Spoth and Redmond, 1996b). The length of the program generally is not an issue with high-risk families, because many do not want the program to end once they have attended more than three sessions. An ongoing parent support group and booster sessions can help address this need for program continuation.

Use of Videos

Video-based programs that show good and bad parenting skills in videotaped vignettes are proving significantly effective over the long term, even when self-administered (Webster-Stratton, 1990a, 1990b; Webster-Stratton, Kolpacoff, and Hollinsworth, 1988). Families generally want to see videos that include local issues that reflect their ethnicity, culture, and/or background. Having the children watch the parenting videos or the parents watch the children's videos improves generalization and implementation of the video content. Interactive computer videos, which allow for self-pacing, self-testing, and selection of major content areas based on need, may be even more effective.[13]

The Trainer

The effectiveness of the program is highly dependent on the trainer's efficacy and characteristics. Although little data exist on how much of the effectiveness of a family program can be attributed to the trainer versus the standardized

[12] This was demonstrated in R. McMahon's Helping the Non-Compliant Child workshop presented at the Second National Training Conference on Strengthening America's Families, Salt Lake City, UT, October 12–14, 1996.

[13] This was demonstrated at D. Gordon's Parenting Adolescents Wisely workshop presented at the Second National Training Conference on Strengthening America's Families, Salt Lake City, UT, October 12–14, 1996, and at the Third National Training Conference on Strengthening America's Families, Washington, D.C., March 23–25, 1997.

curriculum, estimates indicate that program effectiveness is 50- to 80-percent dependent on the quality of the trainer. Qualitative evaluations of trainer effectiveness, participant satisfaction ratings, and long-term followup interviews with participants (Harrison, Proschauer, and Kumpfer, 1995) delineated nine important staff characteristics for program effectiveness:

- Communication skills in presenting and listening.
- Warmth, genuineness, and empathy, which were first detailed in studies of therapists' effectiveness by Carkhuff and Truax (1969).
- Openness and willingness to share.
- Sensitivity to family and group processes.
- Dedication to, care for, and concern about families.
- Flexibility.
- Humor.
- Credibility.
- Personal experience with children as a parent or childcare provider.

Staff who share the same general philosophy as the program are most effective. Personable, caring, empathetic, and experienced staff receive the highest ratings from program participants, retain families better, and produce better results. The best family and parenting programs are only as effective as the quality of the staff delivering the program.[14]

Recommended Future Research

Family-Focused Versus Child-Focused Interventions

Major questions still exist in the research literature about whether to focus scarce prevention resources on child only, parent only, or total family programs (Kumpfer, 1996a). Many providers prefer to work only with children in school or community programs. Family intervention researchers strongly believe that to have a lasting positive effect on the developmental outcome of a child, it is essential to create more nurturing and supportive parent-child interactions. Support and guidance by prosocial, well-adjusted parents provide a sustaining positive influence on children's developmental pathways and risk status for delinquency.

As previously discussed, there is evidence that suggests that bringing a group of at-risk youth together in a child-only group can create a negative contagion effect (Gottfredson, 1987). Dishion and Andrews (1995) randomly assigned 119 at-risk families who had 11- to 14-year-old children to one of four interventions: parent focus only, teen focus only, parent and teen focus, and self-directed change. Their results showed positive longitudinal trends in diminished substance use in groups that focused on parents only but suggested negative effects in the groups that focused on teens only. These results stress the importance of involving parents and reevaluating strategies that aggregate high-risk youth, particularly in groups in which insufficiently trained staff cannot control or improve group norms or influences. Social learning theory (Bandura, 1986) suggests that youth need positive adult role models (e.g., parents and group leaders) who can provide both opportunities for learning behavior skills and social competency and exposure to a higher level of moral thinking (Levine, Kohlberg, and Hewer, 1985).

Additionally, evidence from the original 1982–1985 NIDA SFP research (DeMarsh and Kumpfer, 1985; Kumpfer, 1987; Kumpfer and DeMarsh, 1985) suggested that increased exposure to high-risk peers with poor social competency and moral reasoning skills reduced the positive gains observed in the parent training only group more than it reduced the gains found in the parent plus children's skills training group. The true experimental design included random assignment of experimental families to one of the following groups: parent training (PT) only, PT plus children's skills training (CT), PT plus CT plus family training (FT), and a no-treatment control group. Unfortunately, there was no children's skills training only group in the prior NIDA research or in the six CSAP demonstration/evaluation grants on programs with cultural modifications (reviewed in Kumpfer, Molgaard, and Spoth, 1996). Hence, this critical research about the effects of increased exposure to high-risk peers has not been addressed with children younger than 11 years of age (Dishion's study included 11- to 14-year-olds).

Longitudinal Studies of Family Intervention Effectiveness

Few family intervention studies have been funded for longitudinal followup studies, which are critically needed to determine an intervention's impact on depression, conduct disorders, aggression, delinquency, and drug-use rates. This is particularly applicable if studies involve very young children. In a 5-year followup to the study of the Utah Community Youth Activity Project (Harrison, Proschauer, and Kumpfer, 1995), the survey data collected from abbreviated interviews suggested amazing longevity of positive family functioning and maintenance of program principles and behaviors. However, the data collection did not include the full parent and youth outcome assessment so critically needed to determine the true long-term impact on youth. With parents working more hours and latchkey children becoming more prevalent, youth are increasingly being isolated from positive adult role models. According to Richardson and colleagues (1989), this type of isolation is associated with an increased risk for substance abuse. It is clearly worth testing whether family skills training can significantly modify these trends longitudinally.

Cost-Benefit and Cost-Effectiveness Analyses

Including comparative cost-benefit analyses on these major prevention interventions would help providers make better decisions on where to allocate scarce resources (Werthamer-Larsson et al., 1996). Arresting, processing, incarcerating, and rehabilitating criminals is costly. It has been estimated that the total cost of the violent criminal career of a young adult (18–23 years) is $1.1 million (Cohen, 1994). In contrast, family and preschool interventions are very inexpensive, such as the $4,300 per year spent on Head Start or the Perry Preschool Program, both of which have been shown to be effective delinquency prevention programs. Although early family or school programs are not likely to result in crime-reduction benefits for many years, immediate cost savings accrue from reduced medical and social service costs and reductions in foster care placements (Greenwood et al., 1996). Additionally, a RAND Corporation research study (Greenwood et al., 1996) found that "programs that provide

[14] See Aktan (1995) for some guidelines on hiring high-quality staff for family programs.

parental training and therapy for families whose children have shown aggressive behavior in their early school years avert almost three times as many serious crimes."

Very few prevention studies include cost-benefit or cost-effectiveness analyses; however, research on delinquency prevention programs in California (Lipsey, 1984) demonstrated that for each $1.40 spent on law enforcement and the juvenile justice system, $1 was spent on prevention. More cost-benefit studies are needed. By comparing the cost-benefit results of child only, parent only, and family skills training, insight into efficient use of limited resources is possible. Tolan and Guerra (1994) stress the need to tie funding to programs that have been demonstrated to be effective.

Conclusion

What can be done to reduce delinquency? There are proven solutions now. Family strengthening programs can curb crime and delinquency. To be maximally effective, delinquency prevention programs must start as early as possible, train parents and other caretakers in effective discipline strategies and ways to improve parent-child communication and relationships, and teach parents effective, nonviolent coping skills (American Psychological Association, 1996). If high-risk families are provided intensive and repeated family and youth interventions by professionals, aggressive and violent behavior in youth can be reduced (Mendel, 1995). The dissemination and adoption of these model strategies must be supported in lieu of ineffective but glitzy "fun and games" approaches currently being marketed by commercial companies. Although many social scientists feel that marketing their programs is selling out to commercialism, those researchers willing to risk their own money on the up-front costs are doing the prevention field a major service. Through such efforts, high-quality prevention products are getting to practitioners. These efforts are helping to bridge the gap between science and practice, which is needed to reduce delinquency.

Researchers are not completely to blame for not being better marketers. The juvenile courts and community providers also must begin asking hard questions about whether the prevention or treatment programs they are considering really work. They need to request evaluation information on the type of experimental design (true experimental, quasi-experimental, or only a nonexperimental design) and control groups that were used. It also is important to know whether aggressive, violent, or delinquent behaviors actually changed or just participant knowledge or satisfaction with the program. Policymakers and funders should require that research-based prevention programs be selected for implementation if their funds are to be used.

OJJDP supports the dissemination and adoption of theory-based and effective programs through a four-phase technology transfer process. Through its Strengthening America's Families Initiative, OJJDP has funded searches for the most promising programs and aided in the dissemination of information about such programs, held conferences that showcased these programs, held training sessions, and is offering training and technical assistance in implementing the best family and parenting programs for the prevention of delinquency. More work in this area is needed. Research-based programs must be provided more effectively or gang leaders and drug dealers will continue to influence many of the Nation's children. Collaborations with marketing specialists could help social scientists improve the dissemination of strategies for research-based family interventions.

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Acknowledgments

Karol L. Kumpfer, Ph.D., is director at the Center for Substance Abuse Prevention, U.S. Department of Health and Human Services, and Rose Alvarado, Ph.D., is a research assistant professor at the Department of Health Promotion and Education, University of Utah, Salt Lake City, UT.

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